

Rural Health Jobs Advertisement Form

RHPC-1 (New 07/02)

Please limit your text to the space provided on the lines.
Please print clearly or type.

For Internal Use Only	
Date Received	Purge Date
Date Posted on 3R	Region

POSITION AVAILABLE: _____**FULL TIME:** _____**PART
TIME:** _____**PART TIME/ FULL TIME:** _____**MONTHLY COMPENSATION:** _____**PRACTICE SETTING(S):**

Hospital	_____	Long-Term Care	_____	Clinic	_____
Public Health	_____	Mental Health/Substance Abuse	_____	Other	_____

NAME OF EMPLOYER: _____**MAILING ADDRESS:** _____
_____**CITY:** _____**Zip Code:** _____**COUNTY** _____**INDICATE FEDERAL
DESIGNATION, IF APPROPRIATE:****Health Planning
Shortage Area** _____**Medically
Underserved
Area** _____**Medically
Underserved
Population** _____**ELIGIBLE FOR NHSC/STATE LOAN REPAYMENT PROGRAM?****YES** _____**NO** _____**J-1 VISA PROGRAM CANDIDATE CONSIDERED?****YES** _____**NO** _____**FACILITY
CONTACT:** _____**TITLE**

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E-MAIL ADDRESS: _____**WEBSITE ADDRESS:** _____**TELEPHONE:** _____**FAX:** _____**DESCRIPTION OF POSITION: (50 words or less)** _____

_____**FINAL FILING DATE OR CONTINUOUS UNTIL** ____/____/____ **(6 MONTH MAXIMUM)****PREPARED BY** _____**DATE:** _____

Mail this form to:
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Questions? Call us at:
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